## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| JETS MET LONG OF THE  | form should be used for   | or transmitting the ISSI   | JE FEE and PUBLICA   | ATION FEE (if requi  | red). Bl                      | ocks 1 through 5 sho   | uld be completed where   |  |
|---|---|--|--|--|-------------------------------|--|--|--|
| ppropriate. All further adicated unless corrected anintenance fee notificated   | correspondence including the below or directed other cions.   | ig the Patent, advance of the transmitting the Patent, advance of the transmitting the Patent I and the Patent I are the pate |  |  |                               |  | uld be completed where<br>orrespondence address as<br>the "FEE ADDRESS" for    |  |
| CURRENT CORRESPONDE   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |  |  |  |                               |  |  |  |
| 32116   | "   |  |  | Ü  |                               |  |  |  |
| WOOD, PHILLIPS, KATZ, CLARK & MORTIMER  |   |  |  | Certificate of Mailing or Transmission  Learney certify that this Fee(s) Transmittal is being deposited with the United  |                               |  |  |  |
| 500 W. MADISO<br>SUITE 3800   | а   | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.  |  |  |                               |  |  |  |
| CHICAGO, IL 60661<br>06/05/2007 HDEMESS2 00000027 10803397  |   |  |  | Terri Craine (Depositor's name)  |                               |  |  |  |
| 01 FC:2501 700.00 DP<br>02 FC:1504 300.00 DP  |   |  | ŀ  |  | 23/<br>129/                   |  | (Date)   |  |
| APPLICATION NO.   | FILING DATE   |  | FIRST NAMED INVENT   | OR ATTORNEY DOCKET NO. CONFIRMATION NO.  |                               |  |  |  |
| 10/803,397  | 803,397 03/18/2004 Bjarne Frederikse  |  |  |  | en 00831P0068US 5529          |  |  |  |
| ITLE OF INVENTION: SECURITY SYSTEM FOR PORTABLE ARTICLES  |   |  |  |  |                               |  |  |  |
|   |   |  |  |  |                               |  |  |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DU   | JE PREV. PAID ISSU   | E FEE                         | TOTAL FEE(S) DUE   | DATE DUE   |  |
| nonprovisional  | YES   | \$700  | \$300  | \$0  | -                             | \$1000   | 05/29/2007   |  |
| EXAMINER  |   | ART UNIT   | CLASS-SUBCLASS   |  |                               |  |  |  |
| PREVIL, DANIEL  |   | 2612   | 340-426100   |  |                               |  |  |  |
| . Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list Wood, Phillips   |   |  |  |  |                               |  | •  |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |   |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |  |                               |  |  |  |
| Address form P10/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PT0/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |  |                               |  |  |  |
|   |   |  |  |  |                               |  |  | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |   |  |  |  |                               |  |  |  |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |   |  |  |  |                               |  |  |  |
| Se-Kure Controis, Inc. Franklin Park, IL  |   |  |  |  |                               |  |  |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):   |   |  |  |  |                               |  |  |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  |   |  |  |  |                               |  |  |  |
| ☑ Issue Fee ☑ A check is  |   |  |  |  | 0 :44-                        |  |  |  |
|   |   |  |  | by credit card. Form PTO-2038 is attached.  tor is hereby authorized to charge the required fee(s), any deficiency, or credit any ent, to Deposit Account Number 23-0785 (enclose an extra copy of this form). |                               |  |  |  |
| ·   |   |  | overpayment, to D  | eposit Account Numb  | er <u>23</u> –                | 0785 (enclose an   | extra copy of this form).  |  |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).   |   |  |  |  |                               |  |  |  |
| NOTE: The Issue Fee at  | nd Publication Fee (if rec  | mired) will not be accept  | ed from anyone other th  |  |                               |  | assignee or other party in   |  |
| interest as shown by the records of the United States Patent and Trademark Office.  |   |  |  |  |                               |  |  |  |
| Authorized Signature  | ye.   | >/N8   |  | Date   | 1/2                           | 9/07   |  |  |
| Typed or printed nam  |   | Mortimer   |  | Registration l   |                               | 304407   |  |  |
| This collection of informan application. Confider submitting the complete   | nation is required by 37 (<br>ntiality is governed by 35<br>d application form to th  | CFR 1.311. The informat<br>5 U.S.C. 122 and 37 CFF<br>e USPTO. Time will var   | ion is required to obtain R 1.14. This collection is y depending upon the interpretation of the chief Information O  | or retain a benefit by<br>s estimated to take 12<br>ndividual case. Any c  | the publ<br>minutes<br>omment | ic which is to file (and<br>to complete, including<br>s on the amount of tim | by the USPTO to process) g gathering, preparing, and e you require to complete |  |

unis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.